

~ Section 1 ~

The Maryland Department of Disabilities (MDOD) presents the 2006 State Disabilities Plan and pledges to work collaboratively with all units of State government to refine steps necessary to bring services to people with disabilities that are meaningful, accessible and consistent with the principles of consumer empowerment.

- Executive Summary

Executive Summary

The Maryland Department of Disabilities (MDOD) presents the 2006 State Disabilities Plan as mandated in § 9-1117. This plan, the second since the inception of the Department, builds upon the process of collaboration articulated in the 2005 State Disabilities Plan. MDOD remains committed to working with State departments administering programs for individuals with disabilities for the purpose of bringing services to people that are meaningful, accessible and consistent with the principles of consumer empowerment.

The mission of this Department is to empower people with disabilities to achieve their personal and professional goals in communities where they live. The State Disabilities Plan frames this mission and addresses the vision, goals and suggested strategies for each of the service domains specified in statute or other mandates. The nine service domains include: Community Integration, Housing, Transportation, Employment and Training, Health and Behavioral Health, Technology and Communities, Education, Family Support Services, and Emergency Preparedness.

Maryland spends a substantial amount of its budget for services to people with disabilities through 98 discrete primary disability programs (in excess of \$3.7 billion, exclusive of nursing homes and other programs to the elderly population). The State Disabilities Plan is a statewide effort to consolidate vision and policy under the auspices of the Maryland Department of Disabilities employing several key strategies to improve and reform disability services. These include mapping the resources already being expended in each service area, focusing on common critical success factors across service areas, and garnering extensive and ongoing stakeholder input.

The Department's *Five Areas of Focus* remains the standardized measure by which MDOD assesses the State Disabilities Plan. The focus areas include: Accountability, Service Integration and Operational Improvements, Capacity Development, Community Integration, and Alignment of State Policies and Practices with Principles of Empowerment.

Additionally, the State Plan Score Sheet serves as a tool for planning, tracking and measuring critical success factors. These include projected fiscal impact, strategies to streamline operations, efforts to promote systems integration, and assurances that accountability standards will be met.

Ongoing input from people with disabilities, advocates and service providers is emphasized. MDOD has and continues to meet with representative organizations statewide to identify those issues that are deemed most critical to the disability community. It is from these meetings that the outcomes and key strategies are derived, refined, and in some cases, replaced.

This State Disabilities Plan is the roadmap that MDOD uses to unify expectations for positive outcomes for people with disabilities. When people with disabilities are given the right training and opportunities, they can succeed in all aspects of life. The dream of economic self-sufficiency, community integration, educational attainment and independent living are possible for people with disabilities—if we do our part.

~Section 2~

Carrying out the Maryland Department of Disabilities' (MDOD) charge to improve and reform disability services requires an interagency and disciplined approach. This section provides an overview of the component strategies of this approach including key statutory mandates and methods to implement them. Specifically, this section addresses following items:

- The Statewide Disability Implementation Plan – Overview
- Process for Developing the State Disabilities Plan
 - Resource Mapping
 - Five Areas of Focus
 - State Plan Score Sheet – A Balanced Approach
 - Stakeholder Input
 - The Interagency Disabilities Board
 - Maryland Commission on Disabilities
- Responsibilities of Units of State Government in the State Planning Process
 - Defining a Unit of State Government
 - Unit Plans
- Additional Responsibilities of Units of State Government
 - Responsibilities
 - Regulatory Review Process and Impact Statement

The Statewide Disability Implementation Plan – Overview

Maryland currently spends in excess of \$3.7 billion per year on services to people with disabilities through 98 different agencies representing almost 16 percent of the total State budget. Programs are housed in a variety of departments and at varied levels of government. As a result, the system often falls short of meeting the needs of the end user because it is fragmented and duplicative.

The State Disabilities Plan is an interagency plan that enables Maryland to, through a deliberate process, design and assess a comprehensive system rather than isolated components—a process established through legislation and intended to unify service delivery, eliminate fragmentation and ensure accountability across State government.

The State Disabilities Plan assesses and provides strategies to improve self-directed, long-term and attendant care; housing; transportation; employment and training; education; somatic and mental health; accessible and universally-designed technology; and support services for families. In addition, the plan strives to assure that Maryland is in compliance with relevant federal and state provisions intended to protect the civil rights of individuals with disabilities, such as the US Supreme Court's *Olmstead* decision.

Process for Developing the State Plan

Resource Mapping:

Attaining meaningful improvements within the system requires a phased-in multi-year plan targeted at achieving clear outcomes. A critical step in this planning effort is resource mapping. Resource mapping is a comprehensive method of assessing the current delivery system through strategic data collection and analysis and is the foundation for planning, program consolidation and performance-based management of services.

Five Areas of Focus:

MDOD's state planning efforts and recommendations revolve around five principle areas of focus. They include: Accountability, Service Integration and Operational Improvements, Capacity Development, Community Integration, and Alignment of Policies and Funding with Principles of Empowerment. The following information describes these five focus areas and provides a succinct rationale for each.

Accountability

Accountability is fundamental to quality, programmatic improvements, and the effective use of limited resources within the disability service delivery system. It informs decision-makers, demands change, reshapes organizational cultures, challenges misperceptions and democratizes policy development. MDOD is committed to holding itself and all government and service providers accountable for outcomes as well as to promoting consumer responsibility.

State planning efforts focus on a variety of accountability strategies. They include: creating interagency and common outcomes; developing meaningful performance indicators; establishing knowledge management systems; assessing consumer satisfaction; promoting public access to government and provider performance data; providing incentives for improved performance; and collecting benchmark data. These and other accountability standards will generate the transparency and knowledge needed to create and sustain peak performance.

Service Integration and Operational Improvements

Service delivery programs and funding decisions developed in isolation from one another frequently result in different and even contradictory outcomes, values and processes. This disjointed approach creates fragmentation, duplication and confusion for the end-user. Eliminating this chaotic approach within the existing disability delivery system is a priority for MDOD and the disability community alike.

Achieving this goal requires a thoughtful examination of the structure and operations of disability services followed by a planned and rational approach for

change. Specifically, the State Disabilities Plan recommends strategies to consolidate administrative redundancies, reduce needless process burden, synthesize appropriate personnel functions, and restructure workflow. In addition, the Maryland Department of Disabilities will recommend program consolidation and the relocation of programs when appropriate.

Alignment of State Policies and Practices with Principles of Empowerment

The principles and values upon which policies are predicated fundamentally impact programmatic and consumer outcomes. A service delivery system that is not driven by clearly understood and articulated principles based on consumer empowerment will inevitably (and often unconsciously) adopt practices that are contradictory, undermine successful consumer outcomes and foster mediocrity. In contrast, deliberately aligning policies and practices with expressed values such as consumer choice and self-determination creates programs that are both empowering and successful.

The State Disabilities Plan strives to align the broad spectrum of disability services with principles of empowerment. Expanded consumer choice; self-directed and individualized planning; integration; community-based services; consumer responsibility; elevated expectations; and equal access are just some of the values MDOD's planning efforts and recommendations. Consistently applying these values to State practices and policies will promote a cohesive and unified approach to service delivery.

Capacity Development

Developing the service delivery system's capacity to meet the real needs of people with disabilities is key to implementing systemic change. Inadequate capacity inevitably impedes an individual from accessing the variety of services needed to live an independent and productive life. In addition, limited capacity can drain minimal resources and put an undue strain on other services—often resulting in cost shifting. For example, lack of affordable housing forces many individuals to continue residing in nursing homes rather than their communities. Sporadic and sometimes poor coordination of transportation funding consumes limited resources that otherwise could be used more effectively for employment, independent living and other important services.

The State Disabilities Plan focuses on improved system capacity by adopting goals to identify: gaps in service delivery, numbers of individuals needing services, projected costs for additional services, and other quantifiable factors. Benchmarking lays the foundation for creating realistic solutions that consider interagency resources and needs. This State Disabilities Plan and future plans will recommend strategies to improve specific capacity needs across all of the service domains.

Community Integration

In 1999, the US Supreme Court issued the *Olmstead v. L.C.* decision. The *Olmstead* decision interpreted Title II of the Americans with Disabilities Act by requiring that states administer services “in the most integrated setting appropriate

to the needs of qualified individuals with disabilities.” In its decision, the Supreme Court noted that unnecessary institutionalization of individuals with disabilities is discriminatory. This interpretation, combined with accompanying federal changes to policies and funding, reflects society’s growing awareness that individuals with disabilities can thrive and live meaningful lives in their communities rather than in nursing homes or institutions.

The Governor Robert L. Ehrlich, Jr. Administration is committed to fully complying with the *Olmstead* decision. To this end, MDOD collaborates with other State agencies to develop innovative and fiscally-viable strategies by which individuals with disabilities can access services in their communities. This requires identifying those in need of community-based services; aligning the funding of services with community-based alternatives; expanding the quality and quantity of community providers; educating consumers about their community options; reviewing policies, regulations and practices to ensure that they support community; and collaborating with all stakeholders to create appropriate and integrated alternatives for people with disabilities. The State’s efforts to comply with the *Olmstead* decision will allow individuals with disabilities to contribute to their communities in ways that enrich the lives of all Maryland citizens.

State Plan Score Sheet – A Balanced Approach:

Recommendations included in the state plan are filtered through the State Plan Score Sheet (see Appendix 1). The State Plan Score Sheet is used to prompt planning efforts, to track progress, and to ensure that recommendations address a variety of critical success factors that more specifically break down the five focus areas. Such factors include a recommendation’s projected fiscal impact, strategies to streamline operations, efforts to promote systems integration and assurances that accountability standards will be met. Success factors are categorized into three areas: consumer perspectives, organizational performance and processes and structures.

Stakeholder Input:

The State Disabilities Plan is intended to be a fluid document with the propensity to adapt as new variables and needs are highlighted. The State Disabilities Plan reflects the varied input from people with disabilities and their families, advocates, providers and government representatives. MDOD staff continuously meets with disability stakeholders statewide to pinpoint community needs, system breakdowns and successes.

The Interagency Disabilities Board:

The Interagency Disabilities Board is comprised of Cabinet Secretaries or their designees and chaired by the Secretary of MDOD. It is charged with continuously developing recommendations; evaluating funding and services for individuals with disabilities; identifying performance measures; and working with the Secretary of the Department of Disabilities to create a seamless, effective and coordinated delivery system.

This body will be responsible for both plan development and implementation—being held accountable for results that improve outcomes for the end-user.

Maryland Commission on Disabilities:

The Maryland Commission on Disabilities was established in statute to provide guidance to MDOD in the development of the State Disabilities Plan. Sixteen individuals with disabilities or representative of stakeholder groups are appointed by the Governor and sit with two members of the Interagency Disabilities Board and two legislators to create a vibrant body intended to move disability issues to the forefront of government.

Commission members will chair, co-chair or play other significant roles in the work of subcommittees created by the Commission. Because the Commission will be primarily composed of individuals with disabilities, the Department will have ongoing feedback and input from those most impacted by recommendations and outcomes of the State Disabilities Plan.

Responsibilities of Units of State Government in the State Planning Process

Defining a Unit of State Government:

MDOD's enabling statute defines a unit of state government as: any department, agency, office, commission, council, or other unit of the State within the Executive Branch of state government (§ 9-1101).

Because this definition is broad, MDOD has the authority to wave certain requirements pertaining to the responsibilities of units of government, including their obligation to develop and submit unit plans. For purposes of this State Disabilities Plan, units of state government will be defined as principal departments within the Executive Branch of state government and administrations within these principal departments. Appendix 2 delineates principal departments and administrations that will be required to submit a unit plan by November 15, 2006, and an evaluation of their performance by July 1, 2006 (Section 4 contains a more detailed timeline for unit plan development and submission dates).

Unit Plans:

Units of state government play a key role in implementing the goals and outcomes of the Statewide Disability Implementation Plan. Specifically, units of government shall:

- Develop and submit to MDOD by July 1 annually a unit plan that includes an implementation schedule and measurable objectives for any services provided to people with disabilities. The unit plans shall be consistent with the goals and outcomes outlined in the State Disabilities Plan (§ 9-1108).
- Provide an evaluation of the prior year's plan by July 1 of each year that assesses their attainment of their unit plan objectives. Evaluation criteria should include levels of consumer satisfaction, gaps in services, wait list numbers and progress made on their plan (§ 9-1108).

Section 4 of this document outlines the specific information MDOD requires from units of state government as well as suggested strategies for developing cohesive and integrated unit plans. MDOD and units of state government work closely together with various stakeholders to create optimal outcomes for people with disabilities and their families.

Additional Responsibilities of Units of State Government and MDOD

Responsibilities:

In addition to developing and submitting unit plans, units of state government will interface with the Department of Disabilities on a variety of fronts.

- Units of state government are required to provide information to the Secretary of MDOD regarding current programs and services for individuals with disabilities and information regarding new or proposed programs (§ 9-1107). The Secretary shall then review new or proposed changes to regulations, policies, programs and services submitted by a unit of state government that relate to the provision of resources and services to individuals with disabilities prior to public notification (§ 9-1104).
- The Secretary shall review, coordinate and concur with applications for federal aid, waivers, or grants submitted by or through any units of State government when the applications are specific to disability services (§ 9-1104).

These requirements establish a coordinated and disciplined review process designed to ensure that services are delivered in a manner consistent with the stated goals and objectives of the State Disabilities Plan, as well as in a manner that avoids unanticipated duplication or fragmentation. Units of state government will identify a point person to work with MDOD as a conduit of information between the two entities regarding these requirements. Ongoing interactions between MDOD policy staff and units of state government will support a fluid exchange of information.

The Regulatory Review Process and Impact Statement:

The enabling statute (§ 9-1104) requires units of state government to provide proposed changes to regulations to MDOD for comment prior to publication. Additionally, agencies must provide an impact statement if the proposed change affects individuals with disabilities. Appendix 3 details this process.

~Section 3~

Section 3 contains the specific outcomes, strategies, and proposed action steps that are the underpinnings of MDOD's State Plan. Driven by consumer input, performance measurement, concrete deliverables and timelines, this comprehensive plan will result in meaningful improvements for the disability community.

Each service domain includes a mission statement, vision and goal, followed by measurable outcomes and strategic recommendations.

Because there are strategic recommendations at various stages of development, action steps are not listed at this time and will be developed, finalized and made public during the first week of November.

Outcomes and strategic recommendations are organized by service domains. The domains include:

- Community Integration
- Housing
- Transportation
- Employment
- Health and Behavioral Health
- Technology and Communities
- Education
- Family Support Services
- Emergency Preparedness

* The 2006 State Plan infuses the principles of the Olmstead Decision throughout all of the domains thus eliminating the need for a separate domain dealing with this area. This is also consistent with the incorporation of the Department's fifth area of focus – Community Integration – into the 2006 Plan.

Community Integration

Vision: People with disabilities will have access to a wide range of options in choosing their own community supports as alternatives to institutional care settings.

Goal: To assure that people with disabilities have a wide range of choices in developing and implementing personal plans of care that allow flexibility, respond to consumer-defined issues, and are consumer-directed when desired.

- **Outcome 1:** People with disabilities will be transitioned from institutions at a reasonable pace and provided with the types and amounts of community support services necessary in the most integrated community setting appropriate.
 - **Key Strategy 1.1:** Assess individuals residing in State funded facilities to determine their individual preferences for living in the community.
 - **Key Strategy 1.2:** Successfully transition individuals residing in State funded facilities to the community who have expressed a desire to do so.
 - **Key Strategy 1.3:** By July 2007, develop and implement plans to provide the types and amount of services needed to ensure that the State serves people with disabilities transitioning or diverted from institutions in the most integrated community based setting appropriate.
- **Outcome 2:** People with disabilities will not be institutionalized unjustifiably.
 - **Key Strategy 2.1:** By July 1, 2006, assess community infrastructure needed to support individuals with disabilities who are waiting for community services.
- **Outcome 3:** People with disabilities will report an increase in their quality of life based on self-defined quality indicators and outcomes that reflect the highest level of expectation for increased choice, meaningful relationships, economic security, and other measures associated with the quality of life of their non-disabled peers.
 - **Key Strategy 3.1:** Develop, pilot, implement and evaluate consumer driven approaches to measuring the quality of life of individuals with disabilities.
- **Outcome 4:** People who want to self direct their services will do so.
 - **Key Strategy 4.1:** Develop, pilot, implement and evaluate expanded opportunities for people with disabilities to self direct their own services.

Housing

Vision: People with disabilities will have a full array of housing options similar to their non-disabled peers.

Goal: To provide people with disabilities with affordable, accessible housing in their communities with linkages to appropriate support services.

- **Outcome 1:** People with disabilities will spend no more than 30 percent of their incomes on housing.
 - **Key Strategy 1.1:** By January 1, 2006, establish a bridge subsidy program which will allow individuals to transition from institutions to their communities while awaiting other, more permanent housing supports (such as Section 8).
 - **Key Strategy 1.2:** Set rates, develop the policy, and explore the feasibility for including housing as part of the capitated rate structure under the proposed 1115 Waiver.
 - **Key Strategy 1.3:** (Ongoing Strategy) Work in coordination with DHCD to implement the Governor's Commission on Housing recommendations that will benefit individuals with disabilities.
- **Outcome 2:** People with disabilities will be able to locate housing in communities of their choice.
 - **Key Strategy 2.1:** By May 1, 2006, establish and maintain an up-to-date and comprehensive housing registry which connects individuals with disabilities with available, accessible and affordable housing.

Transportation

Vision: People with disabilities will use an array of transportation options to access destinations enjoyed by their non-disabled peers.

Goal: To create reliable, cost-effective transportation enabling people with disabilities to access destinations of their choosing at the same rate as their non-disabled peers.

- **Outcome 1:** People with disabilities will have improved confidence in MDOT's para-transit system.
 - **Key Strategy 1.1:** By June 30, 2006, strengthen the implementation of the policy "nothing about me, without me" whereby consumers who use para-transit are routinely consulted regarding procedures and solutions to problems.
 - **Key Strategy 1.2:** By June 30, 2006, evaluate methods of enhancing the role of CACAT.
 - **Key Strategy 1.3:** Continue to monitor MDOT's on-time goal of 95 percent for para-transit trips.
 - **Key Strategy 1.4:** By December 31, 2006, expand creative options such as the Taxi Access program.
- **Outcome 2:** People with disabilities will use fixed route transportation in greater numbers.
 - **Key Strategy 2.1:** By December 31, 2005, reach a milestone of 100% of MTA buses being fully accessible (e.g., low floored, Clever Devices) to enable a greater number of people with disabilities to ride the fixed route system.
 - **Key Strategy 2.2:** By December 31, 2006, examine the feasibility of uniform standards to assess para-transit certification to be used by physicians and to assess whether or not travel training could allow an individual to ride the fixed route system.

- **Outcome 3:** People with disabilities who rely on provider-run transportation to get to a human service program (DDA, MHA, DOA, etc.) will experience shorter trips, increased flexibility and streamlined scheduling due to the consolidation of human services transportation funding.
 - **Key Strategy 3.1:** Strategies are under development and not finalized at this time.

Employment and Training

Vision: Marylanders with disabilities will have a variety of meaningful employment and training opportunities, the incentive to work, and choose and control the individualized services that support their diverse careers in integrated settings.

Goal: To ensure Marylanders with disabilities receive individualized supports and quality training leading to integrated employment offering competitive wages and benefits.

- **Outcome 1:** People with disabilities will experience an increase in meaningful employment outcomes.
 - **Key Strategy 1.1:** By October 2006, develop baseline measures and determine a means of ongoing data collection to measure progress toward achievement of this outcome.
 - **Key Strategy 1.2:** By December 2006, enhance the abilities of employers (both private and public) to hire qualified individuals with disabilities.
- **Outcome 2:** People with disabilities will have access to a broad array of employment training options that are consumer-directed in communities where they live.
 - **Key Strategy 2.1:** By October 1, 2006, increase consumers' ability to direct their employment and training services with an emphasis on accessing community-based and integrated services and employment.
 - **Key Strategy 2.2:** By October 2006, expand availability and accuracy of information regarding employment training programs, expand availability of services where necessary, and expand public access to their performance data.
- **Outcome 3:** People with disabilities will have an increased ability to independently locate, identify and pursue employment.
 - **Key Strategy 3.1:** By July 2006, all employment training programs will better prepare individuals with disabilities to independently explore career and job opportunities.
 - **Key Strategy 3.2:** By November 2006, increase access to all One-Stop Career Centers through technology and programmatic changes.

- **Key Strategy 3.3:** By July 2006, assess the effectiveness of the Office on Blindness and Vision Services to determine the type and quality of vocational rehabilitation services provided to individuals who are blind or visually impaired.

Health and Behavioral Health

Vision: Maryland envisions a high quality and coordinated healthcare system for all its citizens, with and without disabilities, which offers easy and timely access to medical care and a variety of consumer choices within the full range of primary, specialty, acute and long-term health care services including behavioral health.

Goal: To assure that people with disabilities have access to a range of high quality and coordinated health care providers, including primary and specialty care physicians and other health care professionals and therapies to address their preventive, acute and chronic health care needs.

- **Outcome 1:** Eligible people with disabilities will have access to high quality and coordinated publicly funded behavioral health care.
 - **Key Strategy 1.1:** By September 1, 2006, develop a strategic plan to transform the delivery of publicly funded behavioral health services consistent with the President's New Freedom Commission on Mental Health and make recommendations to improve access, develop capacity and provide resources for future system improvements.
- **Outcome 2:** People with disabilities will have the information and supports necessary to a) engage in work without loss of health care benefits and b) independently navigate the health care system.
 - **Key Strategy 2.1:** Implement the "Employed Persons with Disabilities Program" a first step towards creation of a full Medicaid Buy-In Program for people with disabilities who, as a result of work, exceed the income limits for current Medicaid program eligibility.
 - **Key Strategy 2.2:** Implement a State Plan Medicaid Buy-In by the end of 2006, and offer personal assistance services that meet CMS standards specific to Maryland's eligibility for the 2006 Comprehensive Employment Medicaid Infrastructure Grant competition.
- **Outcome 3:** People with disabilities will experience decreased utilization by involuntary or coercive seclusion, restraint, and unnecessary or excessive sedation.
 - **Key Strategy 3.1:** Establish a program of state of the art alternatives to the use of seclusion and restraint, including chemical restraint, in programs supporting people with disabilities.

- **Outcome 4:** People with disabilities will express increased satisfaction with their publicly funded health care services.
 - Key Strategy 4.1: Develop infrastructure and capacity at MDOD to assess the satisfaction of people with disabilities with the publicly funded health care services provided to them.

Technology and Communities

Vision: Maryland citizens with disabilities will enjoy services and jobs that are universally accessible.

Goal: To provide (a) state agency services and employment accessible to people with disabilities through the use of assistive technology and accessible information technology, and (b) statewide systems to make assistive technology purchases more available and affordable for individuals with disabilities.

- **Outcome 1:** People with disabilities will have independent and equal access to services and jobs funded through state agencies.
 - **Key Strategy 1.1:** By August 31, 2006, provide evaluation and technical assistance to the Maryland Department of Budget and Management to ensure that their website is compliant with COMAR 17.06 (“Information Technology NonVisual Access Policy”).
 - **Key Strategy 1.2:** By August 31, 2006, provide technical assistance, training and product evaluation to DBM to ensure that all information technology products purchased by that agency from that time forward are compliant with COMAR 17.06 (“Information Technology NonVisual Access Policy”).
 - **Key Strategy 1.3:** By February, 2006, consistent with the provisions of the Memorandum of Understanding between MDOD, DoA, DHMH, and DHR that commenced on January 1, 2005, establish a working committee comprised of personnel from the departments to (a) identify all of the current efforts within the state to increase access to application for services and service information related to disabilities through web-based technologies; and (b) develop the standards and functional requirements necessary for State agencies to coordinate and integrate their efforts related to streamlining the delivery of services, service eligibility determination, and information referral through the use of information technology.
- **Outcome 2:** Marylanders with disabilities who need to purchase assistive technology or accessible information technology for education, employment, community participation and greater independence will be able to do so more easily and affordably.
 - **Key Strategy 2.1:** By December 2006, inaugurate a statewide recycling program for wheelchairs and other durable medical equipment, in partnership with DHMH, to (a) reduce Medicaid expenditures by providing recycled rather than new equipment to Maryland Medicaid

recipients; and (b) deliver surplus recycled equipment to Marylanders who are uninsured or underinsured and have low incomes, at no cost to recipients.

- **Key Strategy 2.2:** By July 1, 2006, expand the Maryland Assistive Technology Co-op (a non-profit purchasing cooperative that negotiates purchase discounts on a range of assistive technology products for educational organizations and individuals) by recruiting more educational and state agencies to become members and adding more items to the Co-op's product list.
- **Key Strategy 2.3:** By July 1, 2006, develop low-cost wheelchair ramp construction projects to serve residents with low incomes in Wicomico County and Baltimore City.

Education

Vision: Youth with disabilities will receive a free high-quality public education in their neighborhood schools and emerge prepared and able to access employment or higher education.

Goal: To assure that all youth with disabilities have the necessary services and accommodations to succeed in their neighborhood schools and experience a smooth, successful transition to supported employment, job development, or institutions of higher education.

- **Outcome 1:** Maryland students with disabilities will exit school with self-advocacy and leadership skills.
 - **Key Strategy 1.1:** The State will offer leadership training opportunities for students with disabilities.
- **Outcome 2:** Students with disabilities will be able to access a full array of job training opportunities through community colleges and other educational settings.
 - **Key Strategy 2.1:** By October 1, 2006, the State will complete a resource map to determine gaps and availability of transition services.
 - **Key Strategy 2.2:** By October 2006, the State will have an action plan underway to improve outcomes for students with disabilities in higher education.
- **Outcome 3:** Maryland students in grades K through 12 will have greater opportunities for inclusive classroom experiences.
 - **Key Strategy 3.1:** By April 2006, a workgroup of stakeholders will convene to review ways in which greater opportunities for inclusive classroom settings might be available throughout Maryland.

Family Support Services

Vision: Maryland is a state where caregivers, children with disabilities and their families experience equal access to an integrated support system that is self-directed, responsive, flexible and available.

Goal: To improve the capacity of communities to support caregivers, children with disabilities and their families with individualized community based-services, such as inclusive childcare, that are driven by family defined needs.

- **Outcome 1:** Children with disabilities and their families will identify an improvement in daily functioning and experience increased satisfaction with services.
 - **Key Strategy 1.1:** Develop a comprehensive training infrastructure around inclusive childcare and after-school care.
 - **Key Strategy 1.2:** Develop a statewide infrastructure to improve the availability of inclusive child and after-school care, camps, and summer programs.
- **Outcome 2:** Children with disabilities and their families will have a reduced number of contacts with the child welfare system.
 - **Key Strategy 2.1:** Improve services provided by public and private health insurance to children with disabilities, transitioning youth and their families.
- **Outcome 3:** Children with disabilities will experience a reduction in the number of out-of-home placements and the average length of stay in out-of-home care.
 - **Key Strategy 3.1:** Ensure that children with disabilities receive services and supports effectively through an integrated family-centered approach.
 - **Key Strategy 3.2:** Develop a unified application for support services tied to a streamlined eligibility process to be utilized by member agencies of the Children's Cabinet serving children with disabilities.

Emergency Preparedness

Vision: Marylanders with disabilities will be prepared for any natural or man-made disaster or emergency, and be able to take care of their own basic needs for a minimum of 72 hours without formal emergency management assistance. Emergency personnel, provider agencies and employers will be as well prepared to deal with all major issues related to individuals with disabilities during any natural or man-made disaster or emergency, as they are to deal with issues faced by individuals without disabilities.

Goal: To develop and implement a statewide plan to prepare people with disabilities for any natural or man-made emergency or general disasters or emergency, and prepare emergency personnel, provider agencies and employers to provide equally excellent emergency services to Maryland residents with and without disabilities.

- **Outcome 1:** People with disabilities will be prepared to survive an emergency or general disaster, and to meet all basic needs while sheltering in place for a minimum of 72 hours.
 - **Key Strategy 1.1:** By July 1, 2006, develop and implement up to four additional regional committees and training forums introducing viable approaches to preparing individuals with disabilities for an emergency or disaster.
 - **Key Strategy 1.2:** By December 1, 2005, develop a statewide emergency preparedness plan inclusive of people with disabilities and other special needs with input from all concerned stakeholders.
 - **Key Strategy 1.3:** By December 1, 2006, establish a network of at least five hundred people, including individuals with disabilities and other special needs, and other individuals and organizations throughout Maryland that are interested in emergency preparedness inclusive of people with disabilities or special needs.
 - **Key Strategy 1.4:** By September 1, 2006, develop and implement a statewide conference to provide a greater depth of information and more individualized planning to specific groups or populations than the previous conferences.
 - **Key Strategy 1.5:** By June 1, 2006, increase outreach efforts to non-English speaking persons and migrant workers.

- **Outcome 2:** People with disabilities, supported by community provider agencies, will be able to shelter in place during a disaster or emergency, or be able to evacuate when necessary by appropriate transportation means to designated shelters.
 - **Key Strategy 2.1:** By December 1, 2006, in conjunction with community provider agencies, develop and implement a plan to ensure that essential services to the customers of community provider agencies continue during a disaster or emergency both when sheltering in place or in a shelter.
- **Outcome 3:** Employees with or without disabilities will be provided resources and training to enable them to appropriately and safely shelter in place or evacuate to a safe location.
 - **Key Strategy 3.1:** By February 1, 2006, meet with representatives from 4 State departments or agencies, and develop a consistent sheltering in place, evacuation and transportation plan, and training program for employees and visitors who work in or visit these buildings.

~SECTION 4~

This section describes how MDOD will work with units of state government to implement and evaluate performance in relation to the State Disabilities Plan.

- Implementation and Performance Evaluation
- Development of Unit Plans
- Unit Evaluations
- Annual State Progress Analysis

Implementation and Performance Evaluation

Performance measurement begins with visions, goals, outcomes and strategies for each of the nine service domains, as presented in Section Three. As outlined below, these elements will serve as the basis for developing unit plans in alignment with the State Disabilities Plan; evaluating unit performance against unit plans; and preparing the Annual State Progress Analysis.

Legislative Authority (§ 9-1115) The Interagency Disabilities Board is charged with:

- Facilitating the development of performance objectives that will result in a comprehensive, effective, efficient and integrated service delivery system for individuals with disabilities; and
- Developing the State Disabilities Plan.

Timeline

FY 2006 – FY 2007	
State Disabilities Plan	October 1, 2005
Unit Plans	November 15, 2005
Unit Evaluations	July 1, 2006
Annual Progress Analysis	October 1, 2006

Development of Unit Plans

October - November 15, 2005

Legislative Authority (§ 9-1108)

- By July 1 of each year, each unit of state government shall develop a unit plan to implement the state disabilities plan as approved or amended by the Secretary under § 9-1117 of this subtitle.
- The unit plan shall contain an implementation schedule and measurable strategic performance objectives.
- The Secretary may request amendments to a unit plan if determined that the unit plan is not in accordance with the State Disabilities Plan.
- The Secretary may provide technical assistance to any unit of state government to meet the requirements of this section.
- The Secretary may waive the requirements of this section for any unit of state government.

Collaboration Efforts

MDOD works in collaboration with units of state government to develop individual and interagency action plans needed to carry out key strategies and to identify performance measures for the articulated outcomes. MDOD also serves as a resource and facilitator among various stakeholders and will provide technical assistance that units may need to fulfill their planning and evaluation requirements.

Implementation Schedules

In collaboration with units of state government, MDOD develops action plans to support priority strategies. When implementation of a strategy requires an inter-agency effort, MDOD works with relevant units of state government to develop an integrated action plan.

Measurable Strategic Performance Objectives

Collaborating with units of state government, MDOD will identify or develop indicators to measure results for the State Disabilities Plan's outcomes. To establish appropriate performance measures, MDOD and the Department of Budget and Management have jointly conducted a series of collaborative meetings with other units of government to discuss gathering data for performance measures with regard to employment and training services; community support services; and transportation services. Additional outcomes for other service domains will be developed once these initial measurements and processes are in place.

Participating units, by service domain include:

- *Community Integration* – Medicaid, DDA, MHA;
- *Transportation* – MDOT/MTA; and
- *Employment and Training* – MSDE/DORS, DLLR, DDA, and MHA.

Collaborating with units of state government, MDOD will establish timeframes for:

- Collecting available baseline data for identified measures;
- Ongoing collection of data; and
- Establishing objectives for subsequent years.

Unit Evaluations

Legislative Authority (§ 9-1108):

- By July 1 of each year, each unit of state government shall provide the Department with an evaluation of the unit's performance in accordance with the unit's plan.

The required unit evaluation shall: (1) assess the unit's performance against the strategic performance objectives established under the unit plan, and (2) identify and measure consumer satisfaction; gaps in services; numbers of individuals waiting for services; and progress made on achieving performance objectives.

Implementation Evaluation

MDOD will work with units of state government to assess progress in implementing priority strategies in the State Disabilities Plan. Status reports will assess the status of each major action step – completed, in progress or not started. Status reports also will include related factors such as: issues, barriers or problems encountered in implementing strategies; recommendations to overcome issues, barriers, or problems; and resources required, etc.

Outcome Evaluation

- Units of state government will report baseline data available for selected performance measures pertaining to outcomes in the State Disabilities Plan.
- Measurable Strategic Performance Objectives for subsequent years will be set and presented MDOD's annual Managing for Results (MFR) submissions.
- Performance against these objectives will be measured by ongoing data collected and included in annual MFR submissions.

Annual State Progress Analysis

Legislative Authority (§ 9-1117)

The Secretary shall submit an annual analysis of the State's progress in implementing the State Disabilities Plan and related performance objectives to the Governor and, in accordance with § 2-1246 of this article, to the Maryland General Assembly on or before October 1 of each year.

State Implementation Evaluation

- MDOD will update and collate information from the July strategic progress assessments.
- MDOD will use this information to prepare a comprehensive analysis of progress in implementing the State Disabilities Plan.
- MDOD will report intervention taken to address issues identified in the July progress assessments and will modify the State Plan to reflect planned future interventions.

Outcome Evaluation

- MDOD will report available baseline performance data, measurable strategic performance objectives for State Plan outcomes, and performance against objectives in MDOD's annual MFR submission.
- The MDOD MFR submission for FY 2006 listed selected performance measures for Employment and Training Services; Community Support Services; and Transportation Services.

Appendix 1

STATE PLAN SCORE SHEET

Mission and Consumer Perspective

Critical Success Factors:

Service Domains

Does the recommendation impact one or more of the following service domains?

- Personal attendant care and other long-term services (Community Integration)
- Accessible, integrated and affordable and housing options (Housing)
- Reliable transportation services (Transportation)
- Employment and training services (Training & Employment)
- Health and mental health services (Health)
- Accessible and universally-designed technology and communities (Technology & Communities)
- Educational support services for children, youth and their families and adults (Educational Support)
- Family Support Services, including respite care (Family Support Services)
- Emergency Preparedness

Disability

Does the recommendation affect one or more of the following disability categories?

- Cognitive Disability
- Neurological or Neuromuscular Disability
- Psychiatric Disability
- Blindness
- Deaf or Hard of Hearing
- Physical Disability
- Combination of Disabilities

Principles of Empowerment (Focus Area 3)

Does the recommendation incorporate the following principles?

- Expanded choice and options for consumers
- Consumer control
- Increased community capacity
- High expectations
- Involvement of consumers in policy-making implementation
- Involvement of consumers in program evaluation

- Information flow

Community Integration (Focus Area 5)

Does the recommendation incorporate one or more of the following measures to help gain full compliance with the Olmstead decision?

- Designing innovative means by which individuals with disabilities can access services in their communities rather than in institutions or nursing homes
- Identifying those in need of community-based services
- Aligning the funding of services with community-based alternatives
- Expanding the quality and quantity of community providers
- Educating consumers on their community options
- Reviewing policies, regulations and practices to ensure they support community options
- Collaborating with all stakeholders to create appropriate and integrated alternatives for persons with disabilities

Organizational Performance Perspective

Critical Success Factors:

Capacity Development (Focus Area 4)

Will the recommendation result in one or more of the following outcomes?

- Identifying gaps in service delivery, numbers of individuals needing services, projected costs and other quantifiable factors
- Creating realistic solutions that consider interagency resources and needs
- Improving capacity to meet needs in specific service domains that warrant expansion and/or retooling

Financial Resources

Will the recommendation result in one or more of the following outcomes, and what fiscal impact will the recommendation have?

- Leveraging of additional resources including federal and/or private funds
- Reduced administrative expenditures
- Reduced operational expenditures
- Savings derived from improved outcomes
- Relevant methods of tracking expenditures

Program Evaluation and Accountability (Focus Area 1)

Does the recommendation address the following accountability standards?

- Current baseline data
- Measurable and consumer-based outcomes
- Performance measures and indicators

- Data tracking system and identification of relevant data sets
- Strategies to ascertain consumer satisfaction

Processes and Structures

Critical Success Factors:

Program and Work Flow Improvements (Focus Area 2)

Will the recommendation facilitate one or more of the following outcomes?

- Program consolidation
- Process consolidation
- Enhanced coordination
- Consolidation of personnel functions
- Elimination of a service gap
- Increased connection to other services
- Reduction in paperwork (when appropriate)
- Reduction in process burden (when appropriate)

Vehicles for Change

What structures need to change in order for the recommendation to be implemented?

- Statute
- Regulations
- Policies
- Practices
- Organizational Culture

Appendix 2

Maryland Department of Disabilities Principal Units of State Government Partnering in Implementing State Disabilities Plan

MDOD's enabling statute defines a unit of state government as: any department, agency, office, commission, council or other unit of the state within the Executive Branch of state government (§ 9-1101(g)). The following list delineates principal departments and administrations that MDOD will collaborate with in implementing the State Disabilities Plan, and that may be required to submit a unit plan by Jan. 20, 2005, and an evaluation of their performance by July 1, 2005 (Section 4 contains a more detailed timeline for unit plan development and submission dates).

Units:

* A list of principal departments and administrations that MDOD will collaborate with in implementing the 2006 State Disabilities Plan is pending public comment. MDOD expects to have a final list by October 21, 2005.

Appendix 3

Proposed New Regulations by State Agencies

The process by which a State of Maryland agency may propose new regulations, or amend existing ones, has generally required that an impact statement be produced if the proposed action has an effect on the welfare of the public. An impact statement is an estimate of the anticipated beneficial or adverse effects to the health, safety, welfare, economic costs and the environment of the State and its citizens.

Now, under § 9-1104 (c)(2), Annotated Code of Maryland, July 1, 2004, creating the Maryland Department of Disabilities, agencies are required to produce an assessment and impact statement if the proposed regulations affect individuals with disabilities. The Division of State Documents will publish the impact statement with each proposal in the Maryland Register. As part of the form package, the Division of Documents will present the State agencies with options which answer the following questions:

Impact on Individuals with Disabilities

- The proposed action has no impact on individuals with disabilities.
- The proposed action has an impact on individuals with disabilities.

Whichever option is checked will be printed in the Maryland Register.

Appendix 4

Maryland Commission on Disabilities

Membership

Basehart, Sarah - *term expires June 30, 2006*

Benson, Joanne – Delegate, Maryland House of Delegates

Brathwaite, Janice - *term expires June 30, 2005*

Britt, Gwendolyn – Senator, Maryland Senate

Bynum, Edward J. - *term expires June 30, 2005*

Capone, Kenneth S. - *term expires June 30, 2005*

George, Jamey E. - *term expires June 30, 2006*

Holland, Susan W. - *term expires June 30, 2007*

Krout, Robin A. - *term expires June 30, 2006*

Mitchell, Van - Deputy Secretary, MD Department of Health and Mental Hygiene

Nicole, Marc - MD Department of Budget and Management

Otto, Dale - *term expires June 30, 2006*

Riccobono, Melissa - *term expires June 30, 2007*

Rizzo, Juliette - *term expires June 30, 2006*

Rock, Mary Alisa - *term expires June 30, 2007*

Schulz, Mark J. - *term expires June 30, 2005*

Sweeney, Robert J. - *term expires June 30, 2007*

Ward, C. David - *term expires June 30, 2006* (Chair, appointed by Governor)

Weglein, Elizabeth - *term expires June 30, 2007*

Wireman, Kenneth R. - *term expires June 30, 2005*